

Inspection Status:

- ☐ Approved
☐ Rejected*

*** Please send us the
replacement decal number
via the Weekly Installation
Report by .**

**STATE OF TENNESSEE**

State Fire Marshal's Office
Manufactured Housing Section
500 James Robertson Parkway
Davy Crockett Tower, Third Floor
Nashville, TN 37243-1162
PHONE: 615-741-7192
FAX: 615-741-9388

Send Method:

- ☐ U.S. Mail
☐ Fax
☐ Email
☐ Hand
☐ Delivery

Date sent:

Sample SET-UP INSPECTION

For Information Purposes Only

Date _____
:

Inspector: _____

Phone _____

to _____

Installation Decal #: _____

Original Decal # (if re-
inspection): _____

Homeowner: _____ Phone Number: _____

Street Address

City

County

*Per TCA 68-126-403, this home is installed
per*

- ☐ Manufacturer's installation
instructions
☐ TN registered engineer's
instructions
☐ ANSI 225.1-1994 edition
☐ MHI Act of 2000 – 42 USC § 5491 et
seq

Manufacturer: _____

Model: _____ **Size**
:

Serial Number: _____

HUD
Number(s): _____

Retailer: _____

License
#: _____

Mailing Address

City

State

ZIP

Telephone Number

Fax Number

Installer: _____

License _____

		#:		
Mailing Address	City	State	ZIP	
Telephone Number	Fax Number			

On the above date, an installation inspection was conducted. The following violations, as shown by “**NO**” responses and miscellaneous items listed were noted.

Items marked with an asterisk (*) indicate **imminent safety hazards**, which create imminent and unreasonable risks of death or severe personal injury, and **must be addressed within 24 hours**. All other violations are **non-imminent safety hazards** and **must be addressed and corrected within 30 days**. For either type of violation, complete the attached two-page Plan of Corrective Action (POCA) showing how and when each noted violation will be corrected. Send POCA to either the address or fax number given on the front page of this report, to the attention of _____, MHI.

Any imminent and/or non-imminent safety hazard violations require that all repairs must be made and a new installation decal be placed on this home by the date given on the front page. Using the Weekly Installation Report, mail or fax a replacement decal number to the address or fax number on the front page, flagging the decal so that it is easier to notice.

Sample For Information Purposes Only

		YES	NO	N/A
		S		
1.	If new home, were manufacturer's installation instructions available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:			
	SITE PREPARATION	YES	NO	N/A
2.	All vegetation has been removed from underneath home as required by installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:			
		YES	NO	N/A
3.	Proper drainage has been provided per installation instructions to prevent water and moisture from collecting under the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:			
		YES	NO	N/A
4.	Vapor barrier, if required by installation instructions, has been properly installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:			
		YES	NO	N/A
5.	If skirting is installed, is proper ventilation provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:			
	SUPPORT SYSTEMS	YES	NO	N/A
6.	Footings are of the proper size and construction for soil conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:			
		YES	NO	N/A
7.	Footings are at or below the frost line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:			
		YES	NO	N/A

8.	Spacing of piers is in accordance with the installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
9.	Pier construction meets installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
10.	Marriage line is blocked at all ridge beam support columns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
11.	Piers or other acceptable support is located at all exterior door locations and other large openings as required by installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
12.	Pier blocking at fireplaces, recessed ceilings, porches, etc. has been provided as required by installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
13.	Piers are shimmed tight against I-beam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
14.	Anchors are approved for use in Tennessee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
15.	Anchor strap degree of angle per installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
16.	Anchors installed to full depth per installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
17.	Anchor straps wrapped properly at anchor heads with correct number of turns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
18.	Anchor straps installed at I-beam properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
19.	Anchors are correctly spaced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
20.	On units with factory installed tie down straps and/or brackets, straps and anchors are installed per installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A

21.	Stabilizer plates are installed at anchor locations as per anchor manufacturer's installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
22.	Anchors are within 24 inches of ends of home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:			
UTILITIES		YES	NO	N/A
23.	Water supply lines protected from freezing per installation manual requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
24.	Correct materials and fittings have been used for waste piping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
25.	Proper support spacing has been provided on waste piping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
26.	Proper electrical connection between sections made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:	YES	NO	N/A
27.	Supply amps match panel in home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Violation:			
DATA PLATE		YES	NO	
28.	Access was provided to data plate at time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	
	Violation:	YES	NO	
29.	Home meets Tennessee roof, heating and cooling, and wind zone requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
	Violation:			

MISCELLANEOUS ITEMS

30.

Sample
For
Information
Purposes
Only

PRESENT AT TIME OF INSPECTION

Sample

For

Information

Purposes

Only

- ☐ *The State of Tennessee hereby certifies that as far as can be visually determined, the aforementioned home meets all requirements of State law and the installation method checked on the first page with the exception of the violations noted in this report.*

Manufactured Home Installation Inspector's Signature

Date

Copy sent
to:

- ☐ Homeowner
→
☐ Retailer
☐ Installer
☐ Other →



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DIVISION OF FIRE PREVENTION
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PHONE: 615-741-7192
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Plan of Corrective Action – Information Sheet

Today's Date: _____ Date of Inspection: _____

Old Decal Number: _____ New Decal Number: _____

Homeowner(s): _____

House Address : _____

City, State, Zip: _____

Phone Number(s): _____

Company that Purchased Decal: _____

License Number: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____



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Plan of Corrective Action

1) Indicate the nonconformance item number from the original inspection report. If it is an imminent safety hazard, please place an asterisk (*) next to it.

2) Indicate the corrective action taken for each violation.

**** Please make copies of this page if additional pages are needed.**

Homeowner: _____ **New Decal:**

ITEM #	CORRECTIVE ACTION

